

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SOMATOSTATIN ANTAGONISTS, the specification of which was filed on May 13, 1997 as Application Serial No. 08/855,204.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

Under 35 USC § 120, this application claims the benefit of prior U.S. application 08/760,672, filed December 4, 1996, as well as the benefit of prior U.S. application 60/032,358, filed December 4, 1996.

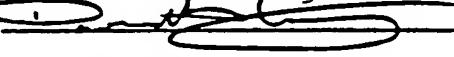
I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Y. Rocky Tsao, Ph.D., J.D., Reg. 34,053; Eric L. Prahl, Reg. No. 32,590; Frank R. Occhiuti, Reg. No. 35,306; and John D. Conway, Reg. No. 39,150.

Address all telephone calls to John Conway at telephone number 508/478-0144.

Address all correspondence to John Conway, Biomeasure Incorporated, 27 Maple Street, Milford, MA 01757-3650.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: David H. Coy

Inventor's Signature: 

Date: 9/8/97

Residence Address: New Orleans, LA 70130

Citizen of: United States of America

Post Office Address: 1529 Fourth Street, New Orleans, LA 70130

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

Full Name of Inventor: Barry Morgan

Inventor's Signature: BAM

Date: 10/16/97

Residence Address: Franklin, MA 02038

Citizen of: United Kingdom USA

Post Office Address: 237 Prospect Street, Franklin, MA 02038

Full Name of Inventor: William Murphy

Inventor's Signature: William A. Murphy Date: 8 Sept 97

Residence Address: Slidell, LA 70460

Citizen of: United States of America

Post Office Address: 1242 St. Christopher Drive, Slidell, LA 70460

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Full Name of Inventor: David H. Coy

Inventor's Signature: _____

Date: _____

Residence Address: New Orleans, LA 70130

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Date: 5.30.2004

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Full Name of Inventor: William Murphy

Inventor's Signature: _____

Date: _____

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